

**DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION**

Express Mail Label No.:

ET660807935US

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled REMOTELY MONITORED MEDICAL SYSTEM, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

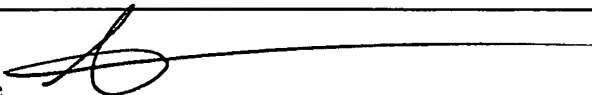
Application NumberFiling Date

60/423,206

October 30, 2002

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I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR</b>			
Robert A. Kerr, II			
Inventor's Signature 			Date 10/29/2003
Residence:	City Newport Beach	State California	Country United States
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<b>NAME OF SECOND INVENTOR</b>			
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Inventor's Signature			Date
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		Citizenship Canada	
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